



TM 51613
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known

Application Number		09/774,171
Filing Date		February 1, 2001
First Named Inventor		DICKINSON
Examiner Name		SPEAR, James M.
Group Art Unit		1615
Total Number of Pages in This Submission	Attorney Docket Number	2955-134

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Request for Reconsideration | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Declaration under Rule 312 | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Terminal Disclaimer |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

REMARKS:

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Willem F.C. de Weerd, Reg. No. 51,613			
SIGNATURE		DATE	5/11/2005	DEPOSIT ACCOUNT USER ID

FEE TRANSMITTAL

for FY 2005 PE JC98

(Large Entity)



		Complete if Known	
		Application Number	09/774,171
		Filing Date	February 1, 2001
		First Named Inventor	DICKINSON
		Examiner Name	James J. Spear
		Group Art Unit	1615
<input type="checkbox"/>	Applicant claims small entity status	Attorney Docket Number	2955-134
Total Amount of Payment	(\$250)	Confirmation Number	6529

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge the fees indicated below or credit overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Manbeck
- Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 02-2135.
2. Payment by check enclosed

FEE CALCULATION
1. FILING, SEARCH AND EXAMINATION FEES

Code	Fee	Fee Description	Fee Paid
1001	300	Utility Filing Fee 790 filed before Dec. 8, 2004	[]
1111	500	Utility Search Fee	[]
1311	200	Utility Examination Fee	[]
1002	200	Design Filing Fee 350 filed before Dec. 8, 2004	[]
1112	100	Design Search Fee	[]
1312	130	Design Examination Fee	[]
1003	200	Plant Filing Fee 550 filed before Dec. 8, 2004	[]
1113	300	Plant Search Fee	[]
1313	160	Plant Examination Fee	[]
1004	300	Reissue Filing Fee 790 filed before Dec. 8, 2004	[]
1114	500	Reissue Search Filing Fee	[]
1314	600	Reissue Examination Fee	[]
1005	200	Provisional Filing Fee	[]

SUBTOTAL \$ **250**
2. CLAIMS

	Extra Claims	Fee	Fee Paid
Total Claims	[] - 20* = [] x	\$50 = []	
Independent Claims	[] - 3* = [] x	200 = []	
Multiple Dependent Claims	+ []	360 = []	

*or number previously paid, if greater

SUBTOTAL \$ **250**
SUBTOTAL \$ **250**
3. APPLICATION SIZE FEE

Total Sheets [] - 100 = []/50 = []** x \$250 =

** Number of each additional 50 or fraction thereof

SUBTOTAL \$ **250**

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Willem F. DeWeerd, Reg. No. 51,613			
SIGNATURE		DATE	5/11/05	DEPOSIT ACCOUNT USER ID